

## **Considerations for Psychologists Providing Services on the Internet**

### **Preamble**

The internet has become a medium which provides easy access to a wide range of psychological services. These services can be categorised in the following way:

1. Provision of information by professional organisations such as APS, APA and BPS.
2. Provision of information on psychological issues e.g., psychological disorders.
3. Sales of therapeutic materials e.g., relaxation tapes and books and downloadable versions of self-help software.
4. Delivery of services to groups e.g., online support groups.
5. Advertising of non-virtual counselling services available.
6. Online counselling services either one to one or involving sending psychologist a problem which can be used in question/answer format for a wider audience e.g., like writing to a magazine 'agony aunt'.
7. Websites offering online or downloadable psychological testing products and services.

The guidelines outline generic principles applying to all materials posted on the internet, and some additional principles which apply to specific areas of psychological service, such as psychological tests and e-mail counselling.

The generic principles have been developed in response to issues arising regarding the variable quality of internet posted services, and hence their potential to mislead or harm users; the accuracy and currency of the information; unacknowledged bias (e.g., commercial sponsorship of web site); and the adequacy of information regarding authorship and references.

The emergence of on-line psychological testing also raises more specific issues concerning the reporting of test reliability and validity; the potential to generate misleading impressions that on-line testing service providers can substitute for face-to-face professional assessment; and the adequacy of information concerning the quality and limitations of on-line products.

Specific considerations involving interactive psychological services such as e-mail counselling include the security and confidentiality of the medium; record keeping; counselling across state and national boundaries; duty of care; and appropriate referral and altered work practices.

It is noted that whilst not endorsing the use of e-mail counselling as an adequate substitute for face-to-face counselling, e-mail counselling is already in existence, and therefore it is appropriate to provide the following guidelines to contribute toward encouraging best practice in this area.

### **Generic ethical considerations that apply to all categories of psychological service**

1. Service providers should acknowledge all external resources cited on their site. Where appropriate APA referencing guidelines should be used.

2. Website providers should disclose identification in sufficient detail including credentials and registration status. Section G2 of the *APS Code of Ethics* describes the information which psychologists may list in announcing or advertising professional services. As described in *APS Code of Ethics* Section G1(i), statements must not be false, fraudulent, unfair, misleading or deceptive. Section G1(iv) prohibits any statement likely to create false or unjustified expectations of favourable results.
3. Considering the largely untested efficacy of internet psychological services, providers should be careful to give an accurate account of the current state of knowledge regarding effectiveness.
4. The purpose of the site should be stated for consumers to make the best use of the information.
5. Date of content posting should be stated so that consumers can assess the currency of the information
6. Sites that do have an editorial process should state who is involved in this process.
7. Contact addresses should be provided for visitors who seek further information.
8. Support for the Website should be clearly identified including all organisations which have made contributions material or financial.
9. If advertising is a source of funding this should be clearly stated (Health On the Net Foundation, 1997).
10. On websites which involve 'client ' communication (i.e., categories 4, 6 and 7), the provider should include a warning as to the reliability and security of the technology as this limits confidentiality.

### **Specific ethical considerations in relation to online counselling services (category 6)**

#### **1. Confidentiality**

Psychologists must respect the confidentiality of information obtained from clients in the course of their work as psychologists (*APS Code of Ethics*, General Principle III (a)). Confidentiality is limited by the security of the technology and this should be discussed with the client. Security limitations include system breakdown, authorised (e.g., ISP system administrator) and unauthorised persons potentially viewing messages, the potential access of deleted messages where back up tapes have been made. Security can be increased by the use of passwords and encryption. Psychologists should discuss such options with clients. In situations where there is concern about verifying the identity of the client communicator steps should be taken to establish authentication. Future technological developments may facilitate this, but in the meantime agreed upon codewords, for example, could be used. Establishing authentication would be particularly important where parent/guardian consent was required to provide online counselling to minors. Some therapists see security as comparable with telephone counselling since telephone calls can also be intercepted and authentication could also be an issue.

Psychologists must inform their clients of the legal and other limits of confidentiality However,

in those unusual circumstances where failure to disclose may result in clear risk to the client or to others, the psychologist may disclose minimal information necessary to avert risk (*APS Code of Ethics*, General Principle III(a)).

See also the discussion of storage of electronic communications under **Record Keeping**.

## **2. Communication of client information**

The *APS Code of Ethics* Section B1 states that information obtained in consulting relationships or evaluative data concerning clients, may be communicated only for professional purposes and only to persons legitimately concerned with the case and with the informed consent of the client. E-mail communications from clients should not be forwarded to others without the consent of the client.

## **3. Anonymous clients**

Where there is an understanding that the psychologist will respond to an anonymous client's question with a response for a mass audience (like magazine problem pages), client should be fully informed about this process. If the question is to be presented to a mass audience without combining several questions into a composite, all potentially identifying material should be removed.

With online counselling, the sender can be anonymous. In such cases it would be much harder to act to avert risk relative to face-to-face counselling. Some online therapists ask for the client to identify themselves. In those cases where identification is possible, psychologists would be bound by the same obligations to protect the welfare of the client or others affected by the client. It is important to discuss the limits of confidentiality with before engaging online clients.

## **4. Disclosure of client information**

Psychologists must not disclose information about criminal acts of a client unless there is an overriding legal obligation to do so or when failure to disclose may result in clear risk to themselves or others (*APS Code of Ethics*, Section B6). In *R v Lowe* (1997) the Victorian Court of Appeal clearly indicated that psychotherapist-client confidentiality is subordinate to public interest and that there is no legal duty requiring a psychotherapist to maintain the confidentiality of information disclosed by a client which relates to the investigation of a serious crime and/or the protection of public safety (McMahon, 1998). Current serious crime constitutes one instance where confidentiality should be breached. It would be important that online clients understand this.

## **5. Client use of psychologist electronic communications**

In an issue related to confidentiality, there is a danger that clients forward messages from psychologists, which have been tailored to their particular issues, to others. The possible misuse of psychologists' communications may be limited by requiring some form of agreement from the client before engaging in counselling. This issue should be explicitly addressed at the commencement of any on-line interaction with a client.

## **6. Record keeping**

In relation to record keeping, Psychologists must make and keep adequate records unless legal requirements specify otherwise (*APS Code of Ethics* Section B2).

Psychologists should keep records of e-mail communications and other work using new technologies as with face-to-face counselling. Clients should be informed about this and told that any psychologists' records, including e-mail communications can be subpoenaed. (This is particularly pertinent in the light of research which suggests that e-mail users can be more open than they would be in face to face situations because they do not see the person with whom they interact, Weisband & Reinig, 1995).

If litigation is a known possibility for a client it would be important that he or she had received a warning from the psychologist regarding the potential for subpoena.

In the light of the possibility of computer crashes it would be important to keep a hard copy record of e-mail communications.

## **7. Storage of records**

Psychologists must make provisions for maintaining confidentiality in the access storage and disposal of records...(*APS Code of Ethics*, Section B3). E-mail communications can be stored electronically on the floppy or hard drive of your own computer or on the service provider's hard disc. Hackers could potentially gain access to service provider stored messages and messages stored on personal computer hard or floppy drive while the personal computer is connected to the internet. However these risks appear to be quite small and certainly no greater than the possibility of breaking into a filing cabinet. See also use of passwords and encryption discussed under **Confidentiality**.

Users should also be aware that deleted files can still be accessed until overwritten with other information. Appropriate software can be used to overcome this problem.

## **8. Research and client communications**

Client communications should not be used for research or teaching purposes without the client's permission (*APS Code of Ethics*, Section E4 and E7).

## **9. Financial arrangements.**

Psychologists must make advance financial arrangements that safeguard the best interests of and are clearly understood by clients (*APS Code of Ethics* Section B14).

It would be important that psychologists warn clients about 'secure' ways of paying e.g., not to give credit card numbers by e-mail.

## **10. Appropriate referral.**

Where there is evidence of a problem or a condition with which the psychologist is not competent to deal, the psychologist must make this clear to the client and must refer the client to an appropriate source of expertise (*APS Code of Ethics* Section B20).

Psychologists should warn clients that certain problems are not suitable for online counselling (e.g., suicidal clients and those concerned about suicidal others may be given information but referred to appropriate community agencies). Clearly, conditions which pose serious risks to self or others or require medication should be referred appropriately.

### **11. Psychologists' competence**

Psychologists must not misrepresent their competence (*APS Code of Ethics*, General Principle II(a)). Public statements must not contain any statement intended or likely to create false or unjustified expectations of favourable results (*APS Code of Ethics*, Section G1(iv)).

Psychologists can not be sure of their competence online since there is still scant research comparing the efficacy of online interventions with face to face work. While consumer feedback impressions could be mentioned, it would be important to make comment on the untested nature of this service.

### **12. Legal aspects**

Psychologists must be mindful of the legal context in which they work...(*APS Code of Ethics*, General Principle III(d)). Liability insurance policies should be reviewed to determine if the practice of online counselling is covered by the policy.

Under certain circumstances, the legality of offering psychological services to persons resident outside the geographical area in which the psychologist is registered to work may need to be considered. Liability insurance policies typically consider the location of the service provider as the reference point. In other words, if a psychologist is insured to practice from his usual location in, for example, NSW, he or she would be covered if counselling a resident of another State of Australia or another country, from his usual residence via online counselling.

Legal requirements will also vary between states and nations and the psychologist should be aware of local customs regarding, for example, age of consent, mandatory child abuse reporting, necessity of parent/guardian consent to provide online counselling. Website developers who wish to avoid some of these problems could stipulate that their website was not recommended for international audiences.

### **13. Responsibility to explain work practice**

Psychologists should give new clients explanations regarding the contract, confidentiality and its limits, arrangements for paying fees and a brief simple statement of the type of psychological services offered (Section G2). Psychologists would be expected to inform clients about the specifics of counselling via internet. Technical options for communication should be discussed with clients e.g., e-mail, encryption, voice e-mail. Clients should be made aware of approximately how long they will have to wait for a reply from the psychologist and whether there are other ways of contacting the psychologist if technology fails.

The differences between face to face and e-mail communication should be discussed along with ways of dealing with anticipated problems. For example, without visual and auditory cues there is a greater possibility of misunderstanding arising. The client could be invited to clarify any

concerns with the psychologist and encouraged to explain him/herself as clearly as possible.

#### **14. Limits of on-line counselling**

Psychologists should warn clients that certain problems are not suitable for online counselling (see section on **Appropriate referral**).

#### **Specific ethical consideration in relation to the provision of on-line testing services**

##### **1. Test reliability, validity and other details**

On-line testing sites should inform the user, in sufficient detail, about the nature of their products, the risks associated with their use and the expected outcomes.

In particular, reliability, validity and other information necessary to evaluate the psychometric soundness of the test, should be made available (or at least clearly referenced in traceable detail).

##### **2. Limits of on-line testing**

In addition, users should be advised that:

- On-line assessment is not a substitute for any psychological evaluation performed by a qualified professional (at best, it may complement it).
- On-line assessment is typically "at user's risk".
- The user is unlikely to receive any follow-up service, unless expressly stated otherwise (in which case full details of follow-up contact(s) should be provided).

On-line testing sites should inform the user of any other limitations (if any) of their on-line assessment protocols compared to standard psychological testing and assessment procedures.

##### **3 Confidentiality of test data**

On-line testing sites should inform the user, in addition to standard browser's warnings, about the risk of sending personal/sensitive information through the net,. If the site offers any facilities (such as encryption) that protect/safeguard against such risks, these facilities should be displayed with sufficient prominence.

#### **References**

Ambre, J., Guard, R., Perveiler, F.M, Renner, J., & Rippen, H (1997). *White paper:*

*Criteria for assessing the quality of health information on the internet* (working draft).

(On-line)<http://www.mitrotek.org/hiti/showcase/documents/criteria.html>

Health On the Net Foundation. (1997). *Health on the Net Foundation Code of Conduct for Medical and Health Web Sites*.

(On-line) <http://www.hon.ch/HONcode/Conduct.html>

McMahon, M. (1998). Confidentiality and disclosure of crime -related information. *In Psych, 20* (1),12.

Weisband,S.P., & Reinig,B.A. (1995). Managing user perception of e-mail privacy. *Communications of the ACM, 38*(12), 40-47.

February 1999